

SERFF Tracking Number:	CCGN-126681429	State:	Arkansas
Filing Company:	Life Insurance Company of North America	State Tracking Number:	45975
Company Tracking Number:	20967812		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Group Term Life Insurance		
Project Name/Number:	E-2-E Instate (Life)/20967812		

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Term Life Insurance

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: CCGN-126681429 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 20967812

Author: Terri Jones

Date Submitted: 06/17/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/21/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: E-2-E Instate (Life)

Project Number: 20967812

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/21/2010

Deemer Date:

Submitted By: Terri Jones

Filing Description:

We submit the attached forms for your review and approval. These forms are new and are not intended to replace any other form currently approved by your department. These forms are intended for use with our previously approved group term life forms, TL-004700 et al.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Filing not required
in domicile state of Pennsylvania.

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 06/21/2010

Created By: Terri Jones

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Terri Jones, Compliance Sr. Specialist

Terri.Jones@CIGNA.com

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 Project Name/Number: E-2-E Instate (Life)/20967812

1601 Chestnut St -Two Liberty 215-761-3941 [Phone]
 Philadelphia, PA 19192 215-761-5609 [FAX]

Filing Company Information

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania
 1601 Chestnut Street Group Code: 901 Company Type:
 TL16D Group Name: State ID Number:
 Philadelphia, PA 19192 FEIN Number: 23-1503749
 (215) 761-8442 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 4 forms. \$50.00 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$200.00	06/17/2010	37290578

<i>SERFF Tracking Number:</i>	<i>CCGN-126681429</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>E-2-E Instate (Life)/20967812</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/21/2010	06/21/2010

<i>SERFF Tracking Number:</i>	<i>CCGN-126681429</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 06/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CCGN-126681429</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>E-2-E Instate (Life)/20967812</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Form	Special Terms on Takeover		Yes
Form	Portability Options		Yes
Form	Conversion Privilege		Yes
Form	Continuation for Disability Provisions		Yes

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TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: Group Term Life Insurance

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Form Schedule

Lead Form Number: TL-009020

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TL-009020	Policy/Cont Special Terms on ract/Fratern Takeover al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.900	LINA _TL- 009020_Take over lang .pdf
	TL-009330	Policy/Cont Portability Options ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.100	TL- 009330.pdf
	TL-009740	Policy/Cont Conversion Privilege ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.200	TL-009740 (LINA) (Conversion). pdf
	TL-009745	Policy/Cont Continuation for ract/Fratern Disability Provisions al Certificate:	Initial		50.100	TL-009745 (LINA) (Continuation and EDB with

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Waiver).pdf

[Special Terms Applicable to Previously Insured {Employees} Not in Active Service
{Employees} not in Active Service on the Policy Effective Date are not covered under the policy. However, the Insurance Company agrees to provide a special death benefit equal to the lesser of:

- 1) the amount that would be due under this Policy (without regard to the Active Service provision), or
 - 2) the amount that would have been due under the Prior Plan had it remained in force.
- The benefit amount will be reduced by any amount paid by the Prior Plan, or that would have been paid had this Policy not been issued and had timely filing of the claim been made under the Prior Plan.

These special terms will end on the earliest of the following dates:

- 1) the date the {Employee} meets the Active Service requirements;
- 2) the date insurance terminates for one of the reasons stated in the Termination of Insurance provision;
- 3) {12 months} after the Policy Effective Date; or
- 4) the last day the {Employee} would have been covered under the Prior Plan if that plan was still in force.]

TL-009020

[Portability Options

[For {Employees}#2

If an {{Employee's}#2 employment with the Employer}#3 ends prior to age {70} #4, [{Basic, Voluntary}]#5 Life Insurance Benefits may be continued. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

The {Employee}#2 must apply to the Insurance Company and pay the required premium. [If the {Employee}#2 continues coverage, Spouse or Dependent Child coverage may also be continued by the {Employee}#2. The Spouse or Dependent Child must be covered under the Policy on the date coverage would otherwise end.]#6 The application must be submitted:

- a. within 31 days of the {Employee's}#2 termination of employment; or
- b. during the time that the {Employee}#2 has to exercise the conversion privilege as a result of termination of employment.

Coverage under this option may not be elected at a later date.

When applying for this option, the {Employee}#2 must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Insured's estate.

When coverage is continued under this option, the {Employee}#2 becomes a Former {Employee}#2. [The Spouse becomes a Spouse of a Former {Employee}#2]#6. [The Dependent Child becomes a Dependent Child of a Former {Employee}#2] #6

[If the Former {Employee}#2 later acquires a [Spouse or Dependent Child]#6, he or she may elect coverage for them. The Former {Employee}#2 must apply to the Insurance Company and pay the required premium. Coverage for the [Spouse or Dependent Child]#6 will be effective on the date the Insurance Company agrees in writing to insure them. The Insurance Company may require that the Spouse or Dependent Child satisfy the Insurability Requirement before it agrees to insure him or her.]#6

Coverage will end on the earliest of the following dates.

- a. The date the Policy is terminated,)#7
- b. The date the Insurance Company cancels coverage for all Former {Employees}#2.
- c. The end of the period for which premiums are paid.
- d. The date an Insured reaches age {70} #4.
- e. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

[Also, coverage for any Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.]#6]#1

[For Spouses

If prior to age {70}**#4**, a Spouse is:

- a. legally separated, divorced; or
- b. widowed

from an insured {Employee}**#2** or Former {Employee}**#2**, [{Basic, Voluntary}]**#5** Life Insurance Benefits may be continued. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option. The Spouse must apply to the Insurance Company and pay the required premium.

[A Spouse who continues coverage may also continue coverage for a Dependent Child. The Dependent Child must be covered under the Policy on the date coverage would otherwise end.]**#6**
A Spouse must elect to continue insurance under this option within 31 days after coverage ends. Coverage may not be elected at a later date.

When applying for this option, a Spouse must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Spouse's estate.

When coverage is continued under this option, the Spouse becomes a Former Spouse. A separate certificate of insurance will be issued to the Former Spouse. Coverage will be effective on the date after coverage as a Spouse ends if the required premium is paid.

Coverage will end on the earliest of the following dates.

- a. The date the Policy is terminated.]**#7**
- b. The date the Insurance Company cancels coverage for all Former Spouses.
- c. The end of the period for which premiums are paid.
- d. The date the Former Spouse reaches age {70}**#4**.
- e. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

[Also, coverage for a Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.]**#6****#1**

[For Dependent Children

If a Dependent Child is insured under the Policy and is at least {19}**#4** years of age, [{Basic, Voluntary}]**#5** Life Insurance Benefits may be continued under this option. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

The Dependent Child must apply to the Insurance Company and pay the required premium. If a Dependent Child does not elect to continue insurance within 31 days after reaching age {19}**#4**; or the date he or she no longer qualifies as a Dependent Child, if later, coverage under this option may not be elected at a later date.

When applying for this option, a Dependent Child must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Dependent Child's estate.

When a Dependent Child continues coverage under this option, he or she becomes a Former Dependent Child. A separate certificate of insurance will be issued to the Former Dependent Child. Coverage for a Former Dependent Child will be effective on the following dates.

- a. For any Guaranteed Issue Amount, immediately following the date his or her coverage as a Dependent Child ends, provided the Insurance Company receives the required premium.
- b. For any amount of insurance that exceeds the Guaranteed Issue Amount, the date the Insurance Company agrees in writing to insure him or her. The Insurance Company will require the Former Dependent Child to satisfy the Insurability Requirement before it agrees to insure him or her.

Coverage will end on the earliest of the following dates.

- [a. The date the Policy is terminated.]#7
- b. The date the Insurance Company cancels coverage for all Former Dependent Children.
- c. The end of the period for which premiums are paid.
- d. The date the Former Dependent Child is age {70}#4.
- e. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.]#1]#1

Conversion Privilege for Life Insurance

Each Insured may convert all or any portion of his or her Life Insurance that would end under the Policy due to:

1. termination of employment;
2. termination of membership in an eligible class under the Policy;
3. termination of the Policy; [or
4. reduction in insurance based on attained age.]

The Insured may apply for any type of life insurance the Insurance Company offers to persons of the same age in the amount applied for, except the Insured may not:

1. choose term insurance;
2. apply for an amount of insurance greater than the coverage amount terminating under the Policy (also, the conversion policy will not provide accident, disability or other benefits); or
3. apply for more than {\$10,000} of insurance if the Policy is terminated or amended to terminate the insurance for any class of Insureds, or the Employer cancels participation under the Policy. Conversion in these cases is only permitted if the Insured has been covered by the Policy [or, any group life insurance policy issued to the Employer which the Policy replaced,] for at least {3 years}.

If the Insured becomes eligible for coverage under any group life policy within 31 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.

To apply for conversion insurance, the Insured must, within 31 days after coverage under the Policy ends:

1. submit an application to the Insurance Company; and
2. pay the required premium.

Evidence of insurability is not required.

Premium for the conversion insurance will be based on the age and class of risk of the Insured and the type and amount of coverage issued.

If the Insured has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends provided the application is received by the Insurance Company and the required premium has been paid.

If the Insured dies during the 31-day conversion period, the Life Insurance benefits will be paid under the Policy regardless of whether he or she applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any further benefits for that type and amount of insurance from this Policy.

Extension of Conversion Period

If an Insured is eligible for conversion insurance and is not notified of this right at least 15 days prior to the end of the 31-day conversion period, the conversion period will be extended. The Insured will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond {60, 90} days. Notice, for the purpose of this section, means written notice presented to the Insured by the Employer or mailed to the Insured's last known address as reported by the Employer.

If the Insured dies during the extended conversion period, but more than 31 days after his or her coverage under the Policy terminates, Life Insurance benefits:

1. will not be paid under the Policy; and
2. will be payable under the conversion insurance; provided:
 - a. the Insured's application for conversion insurance has been received by the Insurance Company; and
 - b. the required premium has been paid.

Prior Conversion Limitation

If an Insured is covered under a life insurance conversion policy previously issued by the Insurance Company, he or she will not be eligible for this Conversion Privilege unless the prior coverage has ended.

[Continuation for Disability [for Employees over Age 60]

If {an Employee} becomes Disabled [and is age 60 and over], the Life Insurance Benefits shown in the Schedule of Benefits will be continued, provided premiums are paid, until the earlier of the following dates:

1. The date {the Employee} is no longer Disabled.
2. The date following the Maximum Benefit Period shown in the Schedule of Benefits.
3. The date coinciding with the end of the last period for which premiums are paid.
4. The date the Policy is terminated by the Insurance Company.

Amount of Insurance

If {an Employee} dies while he or she is Disabled and coverage is continued under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date {the Employee} became Disabled. [However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, a change in class, or payment of an Accelerated Benefit.] [Automatic increases in Life Insurance Benefits will end while coverage is continued under this provision.] The Insurance Company will pay benefits only if due proof of {the Employee's} continuous Disability is received within {one year} of the date of the loss.

["Disability"/"Disabled" means because of Injury or Sickness {an Employee} is unable to perform all the material duties of any occupation which he or she may reasonably become qualified based on education, training or experience.]

["Disability"/"Disabled" means because of Injury or Sickness {the Employee} is unable to perform all the material duties of his or her Regular Occupation; [or is receiving disability benefits under the Employer's plan].

"Regular Occupation" means the occupation {the Employee} routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.]

["Disability"/"Disabled" means because of Injury or Sickness {the Employee} is receiving disability benefits under the Employer's plan.]]

[Extended Death Benefit With Waiver of Premium

Extended Death Benefit

If {an Employee} becomes Disabled [and is less than age 60], the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:

1. The date {the Employee} is no longer Disabled.
2. The date {the Employee} fails to qualify for Waiver of Premium or fails to provide proof of Disability as indicated under *Waiver of Premium*.

Amount of Insurance

If {an Employee} dies while he or she is Disabled and coverage is extended under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date {the Employee} became Disabled. [However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, a change in class, or payment of an Accelerated Benefit.] [Automatic increases in Life Insurance Benefits will end while premiums are waived.] The Insurance Company will pay benefits only if due proof of {the Employee's} continuous Disability is received within {one year} of the date of the loss.

["Disability"/"Disabled" means because of Injury or Sickness {the Employee} is unable to perform all the material duties of his or her Regular Occupation[]; or is receiving disability benefits under the Employer's plan].

"Regular Occupation" means the occupation {the Employee} routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.]

["Disability"/"Disabled" means because of Injury or Sickness {the Employee} is unable to perform all the material and substantial duties of any occupation which he or she may become qualified based on education, training or experience[]; or is receiving disability benefits under the Employer's plan].

.
["Disability"/"Disabled" means because of Injury or Sickness {the Employee} is receiving disability benefits under the Employer's plan.]

Waiver of Premium

If {the Employee} submits satisfactory proof that he or she has been continuously Disabled for the Waiver Waiting Period shown in the Schedule of Benefits, coverage will be extended up to the Maximum Benefit Period shown in the Schedule of Benefits.

Such proof must be submitted to the Insurance Company no later than {3 months} after the date the Waiver Waiting Period ends. Premiums will be waived from the date the Insurance Company agrees in writing to waive premiums for that {Employee}.

After premiums have been waived for {12 months}, they will be waived for future periods of {12 months}, if {the Employee} remains Disabled and submits satisfactory proof that Disability continues. Satisfactory proof must be submitted to the Insurance Company {3 months} before the end of the {12-month} period.

Amount of Insurance

If {an Employee} dies while he or she is Disabled and coverage is continued under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date {the Employee} became Disabled. [However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, a change in class, or payment of an Accelerated Benefit.] [Automatic increases in Life Insurance Benefits will end while premiums are waived.] The Insurance Company will pay benefits only if due proof of {the Employee's} continuous Disability is received within {one year} of the date of the loss.

Termination of Waiver

Insurance will end for any {Employee} whose premiums are waived on the earliest of the following dates.

1. The date he or she is no longer Disabled.
2. The date he or she refuses to submit to any physical examination required by the Insurance Company.
3. The last day of the {12-month} period of Disability during which he or she fails to submit satisfactory proof of continued Disability.
4. The date following the end of the Maximum Benefit Period shown in the Schedule of Benefits.

“Disability”/“Disabled” means because of Injury or Sickness {an Employee} is unable to perform all the material duties of any occupation which he or she may reasonably become qualified based on education, training or experience.]

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Product Name: Group Term Life Insurance
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: 2010- LINA Flesch Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Form TL-009320 was previously approved on March 20, 2006.		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: filing Letter.pdf		

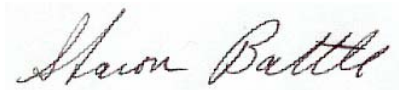
Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. Each form was scored separately and in its entirety. These scores are set forth below.

Form Number	Description of Form	Score
TL-009745	Continuation for Disability	50.1
TL-009740	Conversion Privilege	51.2
TL-009020	Special Terms on Takeover	50.9
TL-009330	Portability Options	50.1

Signature:



Name: Sharon Battle

Title: Assistant Secretary

Date: May 27, 2010

Terri M. Jones
Compliance Specialist
Regulatory & State Gov't Affairs

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-3941
Facsimile 215-761-5609
terri.jones@cigna.com

June 17, 2010

Commissioner Jay Bradford
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Life Insurance Company of North America

NAIC #: 0901 – 65498

FEI Number: 23-1503749

Company ID#: 20967812

Group Term Life Insurance

SERFF #: CCGN-126681429

FORM FILING:

Special Terms on Takeover (TL-009020)

Portability Options (TL-009330)

Conversion Privilege (TL-009740)

Continuation for Disability Provisions (TL-009745)

Dear Commissioner Bradford:

Attached please find copies of the above captioned forms for your review and approval. These forms are new and are not intended to replace any other form currently approved by your department. These forms have not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

These forms are intended for use with our previously approved group term life forms, TL-004700 et al.

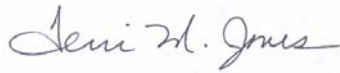
The forms note when certain provisions within the form may be included, deleted or modified, as applicable to a particular policy. Variable material indicated by hard brackets ([]) indicate text that may be included, excluded or modified as requested by the Policyholder or participating Subscriber. Illustrative material is indicated by soft brackets ({ }). Variable and illustrative material will never be more restrictive than permitted by law. A Description of Variability is enclosed.

The referenced forms have been written in readable language and are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

June 17, 2010
Page 2

We appreciate you taking the time to review these forms and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at terri.jones@cigna.com or call me collect at 215.761.3941.

Sincerely,

A handwritten signature in dark ink, reading "Terri M. Jones". The signature is written in a cursive style with a large, stylized "T" and "J".

Terri M. Jones